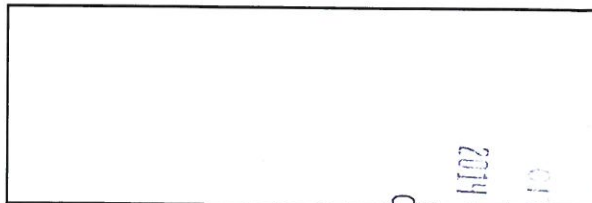


**APPLICATION FOR SPECIAL
DESIGNATED LICENSE**

CITY OF LINCOLN CITY CLERK'S OFFICE
555 S 10TH ST
LINCOLN NE 68508
PHONE: (402) 441-7438



DO YOU NEED POSTERS?

YES ☐

NO ☒

RETAIL LICENSE HOLDER ☐

NON PROFIT APPLICANT ☒

Non Profit Status (check one that best applies):

Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☒ Public Service ☒

COMPLETE ALL QUESTIONS

1. Beer ☒ Wine ☒ Distilled Spirits ☒

2. Liquor license number and class (i.e. C55441, CK55441)
(If you're a nonprofit organization leave blank)

3. Licensee name (last, first,), corporate name or limited liability company (LLC) name (As it reads on your liquor license)

NAME:	Updowntowners, Inc. d/b/a Go Lincoln Go and Celebrate Lincoln		
ADDRESS:	206 S. 13 th Street Suite 101		
CITY:	Lincoln NE	ZIP:	68508

4. Location where event will be held; name, address, city, county, zip code

BUILDING NAME:	Intersection @ 13 th & N Street (12 th to 14 th Streets)		
ADDRESS:		CITY:	Lincoln
ZIP:	68508	COUNTY & COUNTY:	Lancaster

a. Is this location within the city/village limits?

YES ☒ NO ☐

b. Is this location within the 150' of church, school, hospital or home
for aged/indigent or for veterans and/or wives?

YES ☐ NO ☒

c. Is this location within 300' of any university or college campus

YES ☐ NO ☒

5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date <u>6/6/14</u>	Date <u>6/7/14</u>	Date	Date	Date	Date
Hours From <u>11:00 am</u> To <u>12:30</u>	Hours From <u>11:00 am</u> To <u>12:30</u>	Hours From	Hours From	Hours From	Hours From

- a. Alternate date: N/a
- b. Alternate location: N/a
(Alternate date or location must be specified in local approval)

6. Indicate type of activity to be carried on during event:

☐ Dance ☐ Reception ☐ Fund Raiser ☐ Beer Garden ☐ Sampling/Tasting
Other: Festival

7. Description of area to be licensed

Inside building, dimensions of area to be covered **IN FEET** _____ x _____
(not square feet or acres)

*Outdoor area dimensions of area to be covered **IN FEET** _____ x _____

***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

approximately 700 feet x 100 feet north to south and
700 feet x 100 feet east to west - See attached
site map. (area bound by orange dashed line)

If outdoor area, how will premises be enclosed?

_____ fence _____ snow fence ☒ chain link _____ cattle panel _____ tent
other: _____

8. How many attendees do you expect at event? 20,000; 8,000 maximum at any one time

9. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)

Contract with third party security company - Securitas. Also, off duty LPD officers will be used to patrol event and reinforce.

10. Will premises to be covered by license comply with all Nebraska sanitation laws? YES ☒ NO ☐

a. Are there separate toilets for both men and women? YES ☒ NO ☐

11. Retailer: Will you be purchasing your alcohol from a wholesaler? YES ☒ NO ☐

Non-Profit: Where will you be purchasing your alcohol?

Wholesaler ☒ Retailer _____ Both _____ BYO _____
(includes wineries)

12. Will there be any games of chance operating during the event? YES ☐ NO ☒

If so, describe activity: _____

NOTE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

13. Any other information or requests for exemptions (**must** be received by Commission 30 days prior to event, complete NLCC form 140): No wristbands during free admission

periods - lunch hours

14. Name and **telephone number/cell phone number** of immediate **supervisor**. This person will be at the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. **PLEASE PRINT LEGIBLY**

Print name of Event Supervisor: Nate McKown

Signature of Event Supervisor: Nate McKown

Event Supervisor phone: Before 402-416-5741 During 402-416-5741

Email address: nathan_mckown@yahoo.com

Consent of Authorized Representative/Applicant

15. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

sign
here

Kirk Schlusser

Authorized Representative/Applicant

Treasurer

Title

6/2/14

Date

Kirk Schlusser

Print Name

This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an individual as the catering manager allowing them to sign all SDL applications.

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

This page is required to be completed by Non Profit applicants only.

**Application for Special Designated License
Under Nebraska Liquor Control Act
Affidavit of Non-Profit Status**

I HEREBY DECLARE THAT THE CORPORATION MAKING APPLICATION FOR A SPECIAL DESIGNATED LICENSE UNDER THE NEBRASKA LIQUOR CONTROL ACT IS EITHER A MUNICIPAL CORPORATION, A FINE ARTS MUSEUM INCORPORATED AS A NONPROFIT CORPORATION, A RELIGIOUS NONPROFIT CORPORATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, A POLITICAL ORGANIZATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, OR ANY OTHER NONPROFIT CORPORATION, THE PURPOSE OF WHICH IS FRATERNAL, CHARITABLE, OR PUBLIC SERVICE AND WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES AS PER §53-124.11(1).

AS SIGNATORY I CONSENT TO THE RELEASE OF ANY DOCUMENTS SUPPORTING THIS DECLARATION AND ANY DOCUMENTS SUPPORTING THIS DECLARATION WILL BE PROVIDED TO THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY AGENT OF THE LIQUOR CONTROL COMMISSION IMMEDIATELY UPON DEMAND. I ALSO CONSENT TO THE INVESTIGATION OF THIS CORPORATE ENTITY TO DETERMINE IT'S NONPROFIT STATUS.

I AGREE TO WAIVE ANY RIGHTS OR CAUSES OF ACTION AGAINST THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY PARTY RELEASING INFORMATION TO THE AFOREMENTIONED PARTIES.

Updownowners, Inc.

NAME OF CORPORATION

47-0837544

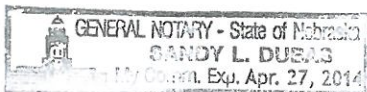
FEDERAL ID NUMBER

Non Profit, Event Chair.

SIGNATURE OF TITLE OF CORPORATE OFFICERS

THE ABOVE INDIVIDUAL STATES THAT THE STATEMENT ABOVE IS TRUE AND CORRECT: IF ANY FALSE STATEMENT IS MADE ON THIS APPLICATION, THE APPLICANT SHALL BE DEEMED GUILTY OF PERJURY AND SUBJECT TO PENALTIES PROVIDED BY LAW. (SEC. §53-131.01) NEBRASKA LIQUOR CONTROL ACT

SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS 24th DAY OF March, 2014.



Sandy L. Dubas

NOTARY PUBLIC SIGNATURE & SEAL

SUPPLEMENTAL FORM

REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

Name of Event:	Celebrate Lincoln		
Applicant and Sponsoring Organization or Individual (if applicable):	Updowntowener's ^{dt/ba} Go Lincoln ^{EO}		
Date(s) of Event:	6/6 - 6/7 2014	Hours:	11:00am - 11:30pm
Alternate Date(s):	na	Hours:	

Is the event open to the public? ☒ Yes ☐ No

How will you ensure that minors will not be served or consume beverages containing alcohol: Bands
(wrist) that are event and day-specific are used. Security is prioritized
to oversee and prevent minor consumption

Will food be served? ☒ Yes ☐ No If yes, please list food to be served: We will
have different food vendors, pizza, hamburgers, barbaque,
etc.

Will non-alcoholic beverages be served: ☒ Yes ☐ No
 If yes, please list non-alcoholic beverages to be served: Water, Soda, Lemonade, Ice Tea

Who will serve the beverages containing alcohol? RST-certified personnel:
Must complete Server/Seller Applicant Information Sheet.

Have the designated servers received responsible beverage server training? ☒ Yes ☐ No

Will there be a charge for admission? ☒ Yes ☐ No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ Yes ☒ No If so, explain: _____

Ni/Amx
 Applicant's Signature

3/24/2014
 Date

SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

1. Number of Entry & Exit Points & Dimensions: (_____ ' x _____ ')
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (_____ x _____)
4. Location & type of cooking equipment (if used)
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
6. Height & type of fencing to be used.

Note: Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.

See attached map layout

ATTACH EXTRA PAGES IF NECESSARY

SERVER/SELLER APPLICANT INFORMATION SHEET

You must provide the **NAME** and **DATE OF BIRTH** of **ALL** Employees/Volunteers who will sell or dispense alcoholic beverages at your event.

This applies to nonprofit corporations as well.

[illegible]

14th Street

**2014
Celebrate Lincoln
Event Layout
Basic Template
June 6 & 7, 2014**

**CELEBRATE
LINCOLN**

Atrium Building

First National

Spare Icons
Dining Tables

Building

Grubb & Ellis | Pacific Realty

US Bank

Tents

SCALE: 1" = 100'

May 29, 2013 versionA

M Street